

# PSYCHOSOCIAL AND EDUCATIONAL PROFILE OF STUDENTS WITH DISABILITIES IN ADDIS ABABA UNIVERSITY

**Tirussew Teferra PhD'**

**ABSTRACT:** The study was undertaken to investigate the profile of the psychosocial and educational adjustment of students with disability in relation to Addis Ababa University settings. It examines the conditions and effects of the immediate ecosocial factors (physical and social) on the educational and psychosocial adjustment of the subjects. It also attempts to suggest adjustment promotive strategies from an ecological perspective. The subjects covered in the study were students with visual disabilities (non-visuals) and students with motor disabilities (leg paralysis, arm paralysis, broken ribs, impairment of feet and folded hands). A questionnaire was employed for collecting data. The findings of the study disclosed that both groups have encountered social, educational and physical barriers implying similar tendency on adjustment profile. However, chi-square ( $X^2$ ) test results revealed the existence of statistically significant dissociation in modes of adjustment in relation to certain variables. [Ethiop. J. Health Dev. 1994;8(1):43-61]

## INTRODUCTION

The hardest burden to bear for the person with disability is not merely the disability itself but the stereotypes and the negative attitudes society attaches to disability as well as environmental limitations which undermine

capabilities of the person concerned. A major feature of the current trend of rehabilitation is the change in the conceptualization of handicap. Handicap is no longer considered as a factor of "within the individual" but as the effect of the interaction of both biological deficits and environmental resources. Therefore issues of coping with and adjusting to disability cannot be validly considered without examining concrete social and environmental problems. How handicapping a disability is, depends to a great extent upon the characteristics of the person's environment (1,2).

Contextualism plays an important role in the consideration of the significance of symptomatology (3,4). Earlieit was elaborated(5) that no phenomenon should be considered without reference to the organism and the situation in which it appears. Analytical convenience and pragmatic necessity may prompt us to treat various organismic and environmental features as independent entities. However, unless theoretical formulations and praxis are rooted in the notion that a person environment system is a unity. explanation will

remain incomplete and therapy and research will be markedly reduced in effectiveness (4).

In the same vein. for a person with disability, the consequence of underrating the significance of environmental influence in causal attribution is severe. for it hinders the realizations that circumstances can enormously increase or reduce the extent of the handicap (2). Research, as well as common experience. has shown that if the cause of difficulties is ascribed to the person, the locus of challenge becomes the person; if the cause is seen to be environmental created, then the attention is directed toward altering conditions in the environment (6). This is perhaps most crucial in the sense that environmental characteristics and personal characteristics must be inter-defined. In isolation, they have no meaning for health and pathology (4). Actually, a problem which on the first appraisal, may seem purely personal often reveals a social base. It involves socio- psychological factors that underly the way disability as a value loss is perceived and reacted

to by other people (7.2). Indeed, the health status of a person is influenced not only by the environmental factors but also by a variety of personal attributes including genetic heritage and psychological disposition (8). The tendency to view disability as a medical issue. and considering it as if the problem lies exclusively within the individual

and not in society is no longer acceptable. In this model, the problem is seen as arising from the individual and solutions consist of attempting to change the individual through medication, surgery and other treatments (9). In short, the problem of causal attribution, especially with respect to whether the cause of something is attributed to the person or to the environment critically affects treatment decisions.

In the present conceptual framework, biological deficit constitutes a necessary but not sufficient condition for a handicap. The greater the environmental resources, the less the individual's disability is likely to result in handicap (10). Thus, physical handicaps can be reduced by eliminating architectural barriers: interpersonal handicaps, by overcoming devaluing social attitudes; educational handicaps, by providing educational and training facilities; economic handicaps, by extending work opportunities; and emotional handicaps, by enhancing family and group support (2). The attitudinal change required is very critical. The negative attitude towards persons with disabilities, causing children to be hidden from sight, deprived of normal social contact, distorting, their normal development, constitutes the much graver handicap than the impairments themselves (11).

The basic motivations for affection, acceptance, and approval exist whether the child is retarded or intelligent, whether the body is beautiful or a caricature, whether the movements are graceful or awkward and uncoordinated, whether speech is melodious or guttural (12). Thus, the child with disability like any other child, can be comfortable and secure when he/she feels that he/she is accepted, appreciated, and liked. he/she will be equally uneasy and insecure when he/she is rejected and undermined.

The situation of persons with disabilities in Ethiopia is severe and tragic. Disabling factors like diseases, malnutrition, civil wars, and periodic episode of draught and famine have brought a phenomenal increase in the number of persons with disability. Among the millions of people (about 1.5 million) suffering from various degrees of disabilities only very few are beneficiaries of the services rendered by the government and non-governmental organizations (13). For instance, according to the report given by the Ministry of Education (14) not more than 1600 handicapped children have the opportunity to attend school be it in special schools or in an integrated system. According to WHO's conservative estimation (which is 1 in 10 children is born with, or acquires physical or mental impairment) only 0.1% of the suspected school-aged children with disability have the chance to attend school. The vast majority are engaged in either begging and receiving alms or vegetate in the home, being non-productive and constituting the poorest of the poor in the society.

Persons with disabilities are by and large under-represented in the educational system, that is, in primary, secondary and post-secondary education in the country. Furthermore, evidences suggest that the special schools are over-crowded, understaffed and ill equipped. In the integrated system there is no systematic professional back-up support indicating that the situations even here do not permit the possible optimal development of the child with disability. However, studies in special education and/or rehabilitation reveal that among the various modes of educational deliveries, the integrated approach in the regular school set-up is found to be more pedagogically sound and psychologically agreeable than the traditional institution based education ( 15, 16).

A key issue with respect to integration is the relation between physical and social aspects. It is sometimes assumed that being taught in the same building or room also means contact and interaction. But both everyday observations and research findings show that this is not always so. If integration is to be beyond the superficiality of being together, persons with disabilities and non-disabled person must be given opportunities to develop a reciprocal relationship (17), The quality of integrated education is evaluated in terms of ensuring students with disabilities full participation and a sense of achievement in the groups with whom they receive education, thus inabling them to achieve increasing independence, participate in decision making about choices of educational programs and thereby learn the skill of self advocacy (18,19). Indeed, the educational system itself will benefit from making the necessary modifications to accommodate the need of students with disabilities (16). Wherever students with disabilities are being educated alongside non-disabled students those responsible for educational provision must develop a clearly stated plan which specifies the steps to be taken and the precise resources which will be required to ensure that the special needs of the individual will be fully met. Placing a student with a disability in an integrated setting is only the first step but not an end in itself { 1,19,20). The receptiveness of the educational system, teachers' personal attitudes, routines and teaching habits are often very real obstacles to major changes. In such cases, the educational convenience of students should be given priority over administrative convenience in service system decisions (21).

This study aims to shed some light on the situation of students with disabilities in the Addis Ababa University and addresses a range of interdependent concerns including psychological, social, educational and disability related services within the University.

## **METHODS**

The universe of observation for this study should have been all campuses of Addis Ababa University (MU). However, for practical reasons such as human, material and time constraints the study was limited to the main campus "Sidist Kilo". Incidentally, the author of the article has come to know that most of the target groups, that is, students with disabilities, are found in the main campus. Therefore, the result obtained from this study is believe to adequately reflect the general situation in AAU.

Coming in contact with the knowledge and experiences of students with disabilities, since they are the ones experiencing the full impact of the problem, is important in discovering ways of rendering them services. In view of this, a questionnaire consisting of closed and open-ended questions was prepared to be completed by students with disabilities. At the time of data collection, it was not possible to know the number of subjects enrolled in 1987/88 academic year .This made it difficult to draw a sample and determine the number of copies of questionnaire to be distributed. Accidental sampling where the judgement of the researcher takes the place of random selection was employed. Therefore, it was decided to limit the study to students with obvious disabilities (easily detectable physical defects or disorders) and to distribute the questionnaires in their dormitories with the help of the Dean of Students Office and the proctors. Through employing this procedure, 70 students were identified and copies of the questionnaire were distributed. Among the questionnaires distributed, 51 (73%) were completed and returned for analysis, out of which 34 (67%) of the respondents were found to be students with visual disabilities and 17, (33% ) students with motor disabilities. Percentage and chi-square test (df=2 results were employed for data analysis and interpretation.

## **RESULTS**

### **Background**

#### **Students with Motor Disabilities**

The age of the respondents ranges from 17 to 30 years and incidentally, they were all males. A good number (65%) were within the age range of 19 to 20 years. The types of motor disabilities they have include leg paralysis, impairment of feet, broken ribs and folded hands. As reported by the subjects, the causes for their disabilities were mainly ascribed to accidents (41 %) or poliomyelitis (12%) and the remaining 47% were uncertain about the etiologies.

Regarding their educational background, 18% disclosed that they had attended special schools while 82% did not. With respect to their current educational level in the University, 42% were in the Freshman Program, while others were pursuing their studies in six different academic departments, namely History, Sociology and Social Administration, Library Science, Management and Public Administration, Philosophy and Political Science and International Relations. Fifty percent of the respondents indicated that they were assigned to the respective departments on the basis of their choice while the remaining were not assigned as such. As reported by the subjects, the academic achievement of the students shows the following profile in terms of Cumulative Grade Point Average: 1.75-1.90 (9%), 2.0-2.50 (55%) and 2.70-3.0 (24%) of the respondents did not respond to this item.

#### **Students with Visual Disability**

In this context, visual disability refers only to those who are completely blind. The age of the subjects covered ranges from 17 to 30 years. The breakdown of the age range is as follows: 50% (21-25 years), 38% (17-20 years) and 12% (26-30 years). Furthermore, it was noted that only 9% of the subjects were females. Though few members of the group were unsure about the etiologies of their disabilities, others identified the following as causes: Small-pox (28%), measles (16%), cowpox (12%), cataract (8%), trachoma (4%), glaucoma (4%) and allergy (4%). Moreover, 24% of the respondents disclosed the prevalence of visual impairment within members of their families.

In relation to the questions asked regarding educational background, 85% stated that they had the opportunity to attend special schools; 15% did not. The academic units to which the respondents belong in the University includes the Freshman Program (24%) and the following departments: History (21 %), Foreign Languages and Literature (12%), Ethiopian Languages and Literature (6%), Sociology and Social Administration (15%) and Law (24%). Though 54% of the respondents reported that they were assigned to the various academic departments on the basis of their choice, there are complaints by non-visuals about academic units which are still closed to blind students. The reason why some departments are closed to students with disabilities is not clear on the part of students.

Finally, based on the demographical characteristics gathered, the following general observations were made:

- (a) like in primary and secondary education, students with disabilities tend to be under-represented in proportion to the population of handicapped students,
- (b) among the students with disabilities, females are Under-represented in terms of the number of male students with disability

(c) students with motor disabilities seem to have a broader chance for joining different academic departments than students with visual disabilities

(d) almost half of the subjects were assigned to departments where they did not choose. Although all students are faced with limited choice based on their entry results and on the standards imposed by the institutions to which they apply, those with disabilities should not be limited in their choices based solely on the fact that they have a disability (16). As a matter of course, special consideration and flexibility in admission procedure need to be entertained for the group;

(e) the academic status of students with disabilities seems to be encouraging despite the inconveniences they encounter during departmental placement (1) In general, most of the causes for disability as reported by the subjects seem to be preventable if primary prophylaxis such as health education, child care programs, personal and environmental hygiene, broad coverage of immunization, and awareness raising of the public against disabling cultural practices and prejudices are introduced.

### **The Educational State of Students with Disabilities**

In this part of the study, attempt is made to examine the educational conditions of students with disabilities, focusing on the degree of educational satisfaction, invariability of educational benefit, the nature of special attention provided, special arrangement made in the classroom, specific educational problems encountered, and the subjects academic achievement.

Evidences suggest the existence of similarity in modes of adjustment between students with motor disabilities and visual disabilities in terms of the degree of educational satisfaction achieved and the satisfaction gained from the special attention given to them in the learning-teaching processes. The chi-square test results for the two variables were  $X^2 = 2.503$  and  $X^2 = 5.230$ , respectively. These findings entail that the profile on the degree of satisfaction on the two variables is more or less similar for the two groups. It is also important to note that 60% of the, subjects expressed satisfaction in their education while 26% of them reported their dissatisfaction in varying degrees (Table 1). With respect to the special attention given to the subjects in the learning-teaching processes, 51% of the respondents were dissatisfied while 44% indicated their satisfaction.

Regarding the satisfaction gained from the special arrangements made to accommodate the needs of students with disabilities, a response which reveals significant dissociation between the two groups was obtained. That is, the computed value of  $X^2 = 7.112$  (significant at 0.05 level) was found. The finding in Table 1 shows that 70% of the students with motor disabilities reported their satisfaction, whereas 56% of students with visual disabilities indicated their dissatisfaction. Among those who expressed their dissatisfaction 32% were very dissatisfied. It is also important to note that only 6% of those with motor disabilities were very dissatisfied. This in turn reflects the variability in adjustment profile which in one way or another is related to the special need of students with disabilities. Therefore, there is dire need to develop 'richer and more diverse responses in the physical as well as social environment to accommodate those whose degree of disability and accompanying behaviours have hitherto fallen outside the parameters of our usual daily experiences (16,22).

Furthermore, in order to explore and find out whether or not students with disabilities equally benefit and enjoy the academic scenario of the University like the non-disabled students, issues pertaining to invariability of educational benefit, prevalence of frustrating academic competition

and the state of academic dismissal were raised (Table 2). Seventy six percent (76%) of the respondents with visual disabilities confirmed the existence of variability in the benefit gained from the learning-teaching process among students with disabilities and their non-disabled counterparts. On the other hand, 65% of the students with motor disabilities indicated the invariability of educational benefit, while 30% of the group expressed their disagreement to the assertion. The chi-square test result reveals a highly significant dissociation, that is,  $\chi^2 = 25.134$ , (significant at 0.01 level) between the students with visual; and motor disabilities. To verify this instance, refer to the proportion of the degree of satisfaction as indicated in the options "very strongly disagree" and "strongly agree" in the histogram (Figure 1), note also the general trend of profile in educational benefit between the two groups).

The pattern or mode of learning varies from individual to individual; this is very true even among persons with similar disabilities. The learning style of a person with disability can be different from the non-disabled as far as the particularities of the internal learning conditions are concerned. In the educational context, many teachers continue to offer programs assuming that everyone can operate best through printed matter (but what about those with visual disabilities, those with less obvious learning difficulties, those with motor impairment who can read but not manipulate pages?). Others may think that learning occurs best through listening to an instructor (what about those who have hearing problems?). There is also an assumption that everyone is treated equally and fairly if given the same amount of time for examinations or to prepare and submit assignments using precisely the same presentation criteria (16). Clearly, our increased understanding of variability in preferred learning and teaching, understanding of appropriate learning modalities of students with variable functional abilities, is challenging us to become more flexible and insightful in our pedagogical practices (23).

In relation to the issue on the nature of frustrating academic competition in campus, 63% of students with motor disabilities and 50% of students with visual disabilities ascertained that the competitive academic atmosphere is more frustrating for them than for the non-disabled students. However, the chi-square test result suggests that there is statistically significant dissimilarity that is,  $\chi^2 = 10.143$  (significant at 0.01 level) between the two disabled groups. The variability may be attributed to the varying degree of the response on the other end of the continuum which is 41% and 6% for the respective groups (Table 2). In another subsequent item a substantial number of the subjects, 89% of the students with visual disabilities, 71% of the students with motor disabilities, reported the absence of special educational provisions as one of the major reasons for the academic dismissal of most the students with disabilities. On the same item, chi-square test result reveals the existence of significant variation in the nature of provision, That is,  $\chi^2 = 6.597$  (significant at 0.05 level) between the two groups. Moreover, in an open-ended item the subjects pointed out that feelings of loneliness and inferiority and worry about life in general were among the contributing factors for the academic failure of students with disabilities.

Furthermore, subjects were asked to report specific educational problems that they have encountered in their studies at the University. Very few (10%) of the respondents indicated that some of the courses are challenging. According to them the reasons for the challenge are attributed to the following factors; lack of adequate educational background, shortage of textbooks and reference materials (written in braille or recorded cassettes), poor instruction, and the nature of the chi-square (some courses require fieldwork and a lot of reading).

The subjects were also asked to evaluate their academic status in terms of "above average", "average" and "below average", in comparison with their classmates. Most of the respondents (from 82% -88% ) in the respective group evaluated themselves as academically average. This opinion more or less reflects the Cumulative Grade Point Average reported by the subjects which was presented in the foregoing discussion. The availability of an effective support service offered to students with disabilities greatly determines their prospects for academic success. The key to increasing successful integration experiences is recognizing the need to facilitate teaching and learning techniques which consider every student. This is the pedagogical challenge facing educators when teaching students with mixed abilities and special functional capabilities together. There is no justifiable reason for denying anyone the opportunity to benefit from the learning-teaching processes. Education is the most important prerequisite for self-determination for people with disabilities the same way it is true for the non-disabled person (22).

### **Interpersonal Relations of Students with Disabilities**

The state of interpersonal relations and communications of students with disabilities were explored using the following parameters: instructor-student , student-student , stigmatization, feeling of alienation, dating, and the attitude of the students towards life in the Addis Ababa University and life in general. Instructor-Student and Student-Student Relations A question to find out the nature of interaction between the instructors and students with disabilities was considered (Table 4). 74% of the students with motor disabilities expressed their disagreement to the assertion that courtesy and respect lack when instructors communicate with them. On the other hand, 56% of the students with visual disabilities confirmed that curtest respect lack when instructors communicate with them. Chi-square test result also reveals statistically significant dissimilarity in the nature of instructor-student relationship ( $X^2 = 14.538$ , significant at 0.01 level) between the two groups. It appears that the unrelatedness in the modes of interpersonal relationships may be attributed to the responses of the subjects to the last option of the item, that is, "very strongly disagree", which is 47% by the

motorically disabled and 6% by the non-visuals (Table 4). In addition, subjects were also asked to identify the frequency of contact (in terms of time frame) they had with their instructors after class. The breakdown of the response obtained from both groups includes, never (53% ), rarely (22% ), sometimes (1.2% ), and did not respond (3%). This entails the existence of a limited instructor-student contact and communication. An understanding about the assets and liabilities of the learner on the part of the instructors makes the student feel at ease and comfortable not only while communicating with the instructor but also in the classroom interaction. In an open-ended item one of the students with visual disabilities from the College of Social

Sciences explained the severity and disabling nature of instructor-student relations as follows:

" As it is in most cases known in any academic endeavour, the relation of instructors with their students should be reflected as a father and a son. This helps students to be successful in their academic life. But, the situation is contrary for the blind students of this campus. That is some instructors are biased on the existence of blind students in this campus. Particularly my department instructors (the name of the department omitted) can be taken as good examples for such unwanted shortcoming. So, administrative measures' or a piece of advice should be given to such instructors."

In relation to the same issue Garwood (24) quoting the prominent psychologist and educator, Carl Rogers, on his view of education states:

Better courses, better coverage, better teaching machines will never resolve our dilemma in a basic way. Only persons acting like persons in their relationships with their students can even begin to make a dent on this most urgent problem of modern education.

In fact a warm and an understanding interpersonal teacher-student relationship enriches and promotes the learning-teaching processes, It is particularly critical to work effectively with students of different abilities and satisfy their special educational needs.

Furthermore, in order to get an insight into the nature of interpersonal relations (in terms of social distance and intimacy) among students with disabilities and the non-disabled students, a question on considerateness was raised to students with disabilities: In this study considerateness of the non-disabled students towards students with disabilities was evaluated in terms of the readiness of non-disabled students to correct defects (like inappropriate dressing, sitting and walking; and volunteering to give assistance whenever the need arises). Accordingly, 68% of students with motor disabilities and 27% of students with visual disabilities which constitute 40% of the total subjects, affirmed the considerateness of non-disabled students. However, 36% of the students with motor disabilities and 62% of students with visual disabilities which make 48 % of the total respondents were negative to the assertion mentioned (Table 4, note the degree of disagreement). A comparative study of the overall affirmative and negative responses indicates more or less similar percentages and apparently the chi-square test result suggests a similar profile ( $\chi^2 = 5.11$ ) between the two groups with regard to considerateness of non-disabled students.

In another complementary item, subjects were asked to pin point their three intimate friends from the campus and rank-order them from 1 to 3. They were further required to identify those with disabilities; 88% of the students with motor disabilities and 44 % of the students with visual disabilities reported that their friends were all non-disabled students. Furthermore, 18% of the students with visual disabilities disclosed that all, ranking from the first to the third were students of similar disabilities. According to the finding of this study, for most students with motor disabilities friendship is not disability-based, which gives an insight about the horizon of their social experience should that it is relatively broader than that of the other group. This, indeed, is very encouraging for it enables both the students with disabilities and the non-disabled students to share their experiences and learn a lot about each others personality qualities. On the other hand, establishing friendship among the same disability group may have a self-limiting effect on the development of interpersonal relations as well as the interdependence of individuals with different functional capabilities.

In order to find out more about the nature of relations between students with disabilities and the non-disabled students in the campus, an issue pertaining to disability-based stigmatization was raised. In this item, the subjects were asked to state whether they were addressed by others using explicitly or implicitly their impairments as 'epileptic', 'crippled' or 'blind' or not. A substantial number (88%) of the students with motor disabilities indicated that they have never experienced such labelling, while 65% of the students with visual disabilities disclosed the prevalence of disability-based stigmatization in varying degrees of incidence (Table 5). Studies indicate that the usage of dehumanizing terms and phrases have psychologically adverse effects on the adjustment of the person with disability. Despite continuing efforts to enhance human potential, the



probability remains that negative or unfavourable attitudes continue to exist as a social-psychological obstacle. The key idea of some approaches to counteract negative impressions engendered by labels is to expose the public to information, semantic formulations (employing humanizing terms), and experiences that will provide a broader set of positive expectations (2).

### **Alienation and Dating**

Among the students with motor disabilities, 53% revealed that they had encountered a feeling of loneliness or isolation in varying degrees while 47% confirmed the absence of such a feeling. On the same issue, 62% of respondents with visual disabilities expressed the presence of a feeling of loneliness, while 38% had never experienced such a feeling. As far as the overall response of the subjects is concerned, 59% of the total respondents seemed to have experienced such an undesirable feeling of separation from others. Moreover, the chi-square test result indicates the existence of similarity ( $\chi^2 = 5.073$ ) in the profile of the feeling of alienation between the two groups (Table 6).

As to the issue of dating, 50% of the students with motor disabilities disclosed that they had not encountered any problem pertaining to dating, while 65% of the students with visual disabilities confirmed the existence of a problem in relation to dating. An inspection of Table 6 shows that 54% of the respondents had encountered problems regarding dating. As far as problems related to dating is concerned, the chi-square test result reveals association of such traits ( $\chi^2 = 4.855$ ) between the two groups. Actually, problems related to dating should not be considered as unique to students with disabilities, though the intensity of the problem in comparison with the non-disabled may be expected to be greater.

### **Life in Addis Ababa University and Success in Life**

A review of Table 7 conveys that 71% of the students with motor disabilities confirmed the satisfaction of life in AAU, while 56% of the students with visual disabilities disclosed their dissatisfaction of life in AAU in varying degrees. The chi-square test result also shows statistically significant dissociation ( $\chi^2 = 11.188$ , significant at 0.01 level) between the two groups depicting variation in the profile of satisfaction of life in AAU (Figure 2, note also the varying degree (pattern) of satisfaction of among the subjects in the histogram).

In addition, an attempt was made to explore the state of confidence of students with disabilities about success in life in general. The data obtained in Table 8 shows that 65% of the students with motor disabilities affirmed the absence of any doubt of succeeding in life. On the other hand, 50% of the students with visual disabilities expressed their doubt about success in life. Moreover, chi-square test result indicates a highly significant dissimilarity ( $\chi^2 = 29.903$ , significant at 0.01 level) between the two groups. The feeling of insecurity towards success in life may have been induced through unfavourable psychosocial factors such as neglect and lack of acceptance, and encouragement surrounding individuals with disabilities. Students with disabilities in post secondary settings need the opportunity to excel, without the additional frustration of an inappropriate environment. The surroundings must reinforce their self-confidence which can be made possible through the receptiveness of others, and the willingness to accept students with disabilities as full members of the community. For too many students with disabilities, the frustration and self-doubt which can and will occur when physical, social and emotional barriers impede the progress of their studies, leads to disappointment (22,25)

## **Special Facilities and Services in Addis Ababa University**

In order to study the conditions of the facilities and services rendered to accommodate the special needs of students with disabilities in AAU, some items focusing on dormitory, library and the dining-hall provisions were treated.

### **The Dormitory**

Regarding the dormitory service, 88% of the total respondents indicated their satisfaction in varying degrees. However, 24% of the students disclosed their dissatisfaction with respect to the type of service given in the dormitory. In a question related to the accessibility of the toilet facilities, 92% of the total subjects evaluated the accessibility from good to fair. But, it is worth noting that 24% of the students with motor disabilities described the toilet facilities to be poorly equipped or difficult for access (Table 10).

In an open-ended item, the subjects, particularly those with severe motor disabilities pointed out the need for physical adaptation and adjustment if they are to use the toilet facilities. It is not only that, but also physical and architectural barriers (pathways, buildings etc.) which hinder the accessibility in the campus need to be adjusted or eliminated. One of the respondents, in narrating the hurdles and the inconveniences that he encountered states:

"If you are really interested in solving our problems the special care should cover all aspects of life of the individual, not only while attending classes also concerning the dormitory specially the use of bathroom. I myself, for example, have never washed my body in this campus since I have joined The University and never to do so under such condition. It is not comfortable for us at all."

At least the Office of the Dean of Students should look closely into the difficulties encountered by students with disabilities and attempt to make sure that all facilities in the campus are easily accessible to all students.

### **The Library**

In the same vein, an attempt was also made to find out whether a special support service was offered in the library to students with disabilities. All, except one of the students with visual disabilities reported the availability of a special reading-room for the usually disabled them, however, most of them disclosed their satisfaction in the service rendered in the special reading-room. On the other hand, 88 % of the subjects with motor disabilities reported the non-existence of a special support service as far as their group was concerned (Table 11).

Accordingly, most of the subjects expressed the need for such services. In relation to this issue, one of the respondents had the following to say:

", ..'crippled' students mostly have problems to sit and stay reading in the library for a long time because of the nature of their disabilities. Some have spinal problem which does not allow them to sit on chairs and work for a long time. They rather prefer to work or study lying on their beds. So it is better to device a mechanism so that the students can borrow the necessary reference materials specially those reserved in the circulation-desk. So that they are allowed to check-them out from the library and read lying on their beds."

## **The Dining Hall**

With regard to queuing up for meals in the dining hall, a good number of the subjects, that is 71% of the students with motor disabilities and 85% of the subjects with visual disabilities affirmed that they had never experienced any difficulty (Table 12). Except equipping them from queuing, there is no special consideration

made for these students in the dining hall. However, subjects especially those with motor disabilities had certain complaints regarding the meal served in the cafeteria. They pointed out that the quality was poor and the quantity of the meal served insufficient when compared to the extra energy they discharge, specially those with prosthetics, orthotics and wheelchair drivers. One of them argued as follows:

"...'crippled' specially who use walking sticks are always doing hard jobs with their walking difficulty, they need meals better than the present quality, which can provide them vitality and energy. "

Among others, the prospects for academic success depends upon the provision of effective support service which is very critical particularly for students with disabilities. The nature of special facilities available and the services provided to students with disabilities affect not only their academic achievement but also the pattern of their personality adjustment. Therefore, specific issues raised by the subjects need to be addressed by the university and the university should attempt to cater for the special educational needs of students with disability and avoid the prevalent disparity.

## **CONCLUSION**

Primarily, it is of paramount importance to develop an awareness about the existence of students with disabilities in the university from the time of admission to the period of exit. Such knowledge and understanding helps the University administration as well as the instructors to determine the type of facilities and support services which should be available for students with special educational needs. This study was limited only to those students with motor and visual disabilities, though the presence of students with other handicapping conditions such as behavioural, lingual and aural are considerable in the University. They were not included in the study merely because their disabilities were not as easily detectable as that of the subjects of this study. Consequently, they were not accessible for this research. The result of the study on the two groups revealed the existence of similarity as well as statistically significant variability in the profile of educational and psychosocial adjustment between them. Furthermore, the range of dominant challenges encountered by each group were more or less identified and possible interventions were suggested respectively. It is the contention of the author that the finding of this study can serve as a baseline for the Addis Ababa University to take subsequent measures and related policy decisions to circumvent those barriers, and consider the opportunities that can facilitate and promote the education of students with disabilities.

Furthermore, it is hoped that the article can stimulate and generate discussion regarding the state of the teaching-learning processes of students with disabilities not only in post secondary setting but also at other educational settings wherever an integrated education (where students with disabilities attend school with the non-disabled) is introduced.

Table 1. On the Degree of Educational Satisfaction (1). Special Attention (2), and Classroom Arrangements(3)

Disability	Opinion													
	VS		MS		SS		DS		MD		VD		MR	
	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%
Motor (1)	5	29	4	24	2	12	2	12	-	-	2	12	2	12
Visual (1)	7	29	8	24	4	12	1	3	-	-	8	24	6	18
Total	12	24	12	24	6	12	3	6	-	-	10	20	8	16
Motor (2)	3	18	5	30	-	-	4	24	-	-	2	12	3	18
Visual (2)	3	9	5	15	6	18	6	18	1	3	13	38	-	-
Total	6	12	10	20	6	12	10	20	1	2	15	29	3	6
Motor (3)	4	24	4	24	4	24	1	6	-	-	1	6	3	18
Visual (3)	-	-	7	21	7	21	7	21	2	6	11	32	-	-
Total	4	8	11	22	11	22	8	16	2	4	11	22	3	6

KEY: VS Very satisfied MS Moderately Satisfied SS Slightly Satisfied  
 DS Dissatisfied MD Moderate;y Dissatisfied VD Very Dissatisfied  
 FR Frequency MR No Response

Table 2. Invariability of Educational Benefit (1), Frustrating Academic Competition (2). And Academic Dismissal (3)

Disability	Opinion													
	VSA		SA		A		UN		DA		SD			
	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%
Motor (1)	-	-	10	59	1	6	1	6	4	24	-	-	1	6
Visual (1)	-	-	1	3	-	-	7	21	4	12	11	32	11	32
Total	-	-	11	22	1	2	8	16	8	16	11	22	12	24
Motor (2)	1	6	5	29	3	18	-	-	1	6	2	12	5	29
Visual (2)	-	-	15	44	2	6	10	29	5	15	1	3	1	3
Total	1	2	20	39	5	10	10	20	6	12	3	6	6	12
Motor (3)	7	41	1	6	4	24	1	6	2	12	-	-	2	12
Visual (3)	23	68	3	9	4	12	2	6	2	6	-	-	-	-
Total	30	59	4	8	8	16	3	6	4	8	-	-	2	4

KEY : VSA Very Strongly Agree SA Strongly Agree  
 A Agree UN Uncertain  
 DA Disagree SD Strongly Disagree  
 VSD Very Strongly Disagree

Teferra: Psychosocial & educ profile of disabled students in AAU

Table 3. Self Appraisal of Academic Status

Disability	Self Evaluation					
	Above Average		Average		Below Average	
	FR	%	FR	%	FR	%
Motor	1	6	15	88	1	6
Visual	1	3	28	82	5	15
Total	2		43		6	

Table 4. Interpersonal Relation in Campus (Lack of Curtesy and Respect (1), and Considerateness (2)

DIS	Opinion													
	VSA		SA		A		UN		DA		SD		VSD	
	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%
MO (1)	-	-	-	-	2	12	3	18	3	18	1	9	8	47
VI (1)	11	32	3	9	5	15	3	9	8	24	2	6	2	6
Total	11	22	3	6	7	14	6	12	11	22	3	6	10	20
MO (2)	7	41	1	9	3	18	-	-	2	12	1	6	3	18
VI (2)	3	9	3	9	3	9	-	-	2	12	1	6	3	18
Total	10	20	4	8	6	12	6	8	8	17	3	6	13	25

KEY: VSA Very Strongly Agree SA Strongly Agree  
 A Agree UN Uncertain  
 DA Disagree SD Strongly Disagree VSD Very Strongly Disagree  
 DIS Disability VI Visual MO Motor

Disability	Stigmatization							
	Always		Sometimes		Rarely		Never	
	FR	%	FR	%	FR	%	FR	%
Motor	-	-	1	6	1	6	15	88
Visual	4	12	6	18	12	35	12	35
Total	4	8	7	14	13	25	27	13

Table 6. **Alienation (1) and Dating (2)**

Disability	Opinion									
	Always		Sometimes		Rarely		Never		No Response	
	FR	%	FR	%	FR	%	FR	%	FR	%
Motor (1)	6	35	3	18	-	-	8	47	-	-
Visual (1)	5	15	11	32	5	15	13	38	-	-
Total	11	22	14	27	5	10	21	41	-	-
Motor (2)	4	24	1	6	-	-	9	53	3	18
Visual (2)	4	12	10	29	8	24	11	32	1	3
Total	8	16	11	22	8	16	20	39	4	8

Table 7. **Life in Addis Ababa University**

Disability	State of Satisfaction											
	VS		MS		SS		DS		MD		V	
	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%
Motor	2	12	9	53	1	6	1	6	1	10	3	8
Visual	-	-	7	21	8	24	10	29	1	3	8	2
Total	2	4	16	31	9		11	18	2	4	11	2

KEY: VS Very Satisfied                      MS Moderately Satisfied  
 SS Slightly Satisfied                      DS Dissatisfied  
 MD Moderately Dissatisfied              VD Very Dissatisfied

Table 8. **Success in Life**

Disability	State of Confidence					
	Yes		No		No Response	
	FR	%	FR	%	FR	%
Motor	11	65	6	35	-	-
Visual	16	47	17	50	1	3

Table 9. **The Service Rendered in the Dormitory**

Disability	Degree of Satisfaction											
	VS		MS		SS		SD		MD		VD	
	FR	%	FR	%	FR	%	FR	%	FR	%	FR	%
Motor	4	24	8	47	1	6	2	12	-	-	2	2
Visual	20	59	10	29	2	6	1	3	1	3	-	-
Total	24	47	18	35	3	6	3	6	1	2	2	4

Table 10. **Toilet Facilities**

Accessibility of Facilities						
Disability	Good		Fair		poor	
	FR	%	FR	%	FR	%
Motor	10	59	3	18	4	24
Visual	17	50	17	50	-	-
Total	27	53	20	39	4	9

Table 11. **Service in the Library**

Support Service Available				
Disability	Yes		No	
	FR	%	FR	%
Motor	2	12	15	88
Visual	33	97	1	3
Total	35	67	16	31

Table 12. **The Service in the Dining -Hill**

Queuing Required										
Disability	Always		Sometimes		<u>Rarely</u>		Never		No	
	FR	%	FR	%	FR	%	FR	%	FR	%
Motor	1	6	3	18	-	-	12	71	1	6
Visual	3	9	-	-	1	3	1	3	29	85
Total	4	8	3	6	1	2	13	25	30	59



Figure 1. Histogram Depicting the State of Invariability of Educational Benefit between the two Groups.

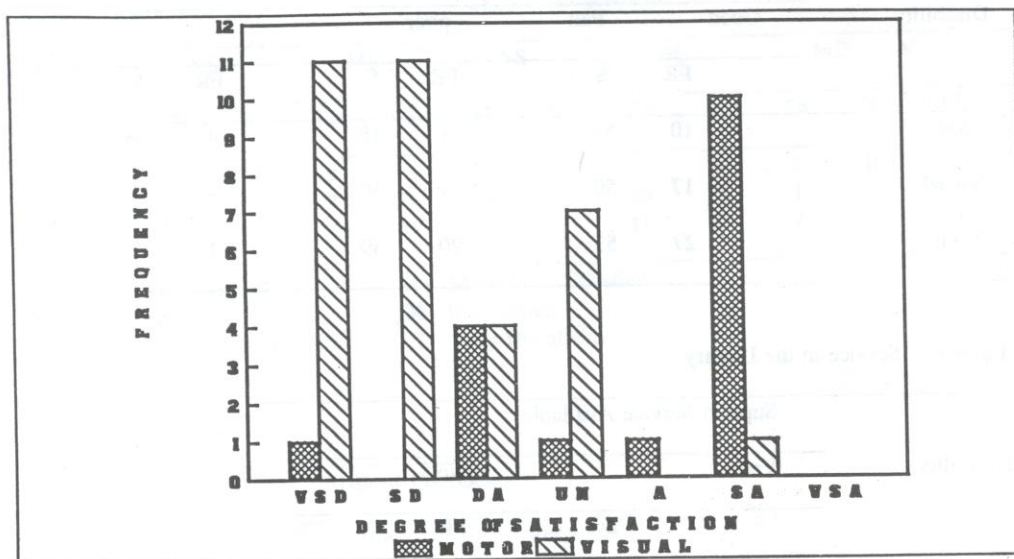
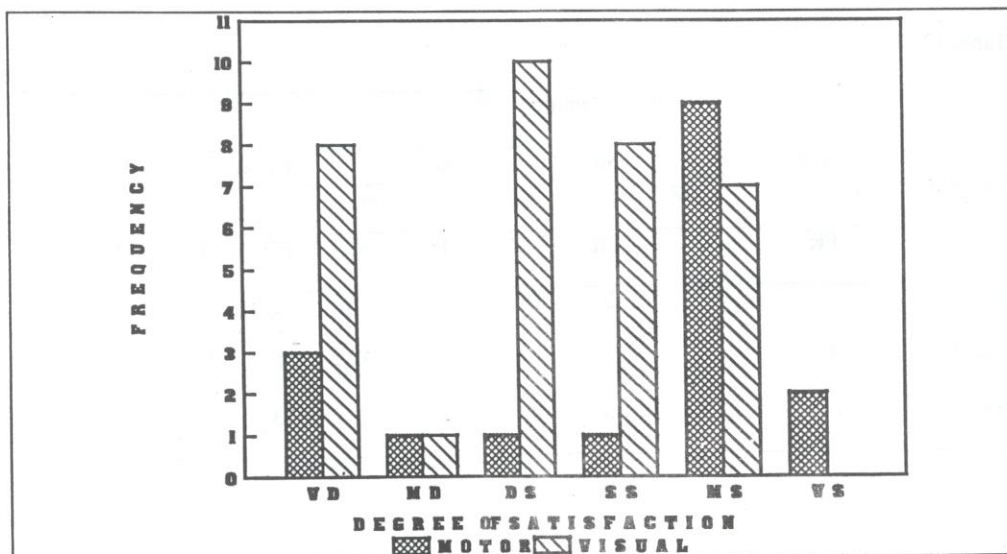


Figure 2. Histogram Depicting the State of Satisfaction of the two Groups.



### ACKNOWLEDGEMENTS

The article was one of the projects undertaken in the Institute of Educational Research, Addis Ababa University, with the financial assistance of FINNIDA.

### REFERENCE

1. UNESCO (1981) World Conference on Actions and Strategies for Education Prevention and Integration Final Report, Paris: UNESCO Headquarters).
2. Wright, B.A. (1983) Physical Disability. A psycho-social Approach. New York: Harper and Row.



3. Chazan M. et al (1983). Helping Young Children with behavioural Difficulties. London: Croom Helm.
4. Gollin, E.S. (1984). Malformations of Development: Biological and Psychological Sources and Consequences. New York: Academic Press.
5. Goldstein, K. (1939). The Organism: A holistic approach to biology derived from pathological data in man. New York: American Book.
6. Batson, C.D. (1939). Attribution as mediator of bias in helping. Journal of Personality and Social Psychology.
7. Gardener W.I. (1975). Children with Learning and Behaviour problems. Boston: Allyn and Bacon, hlc.
8. Stokols, D. (1992). Establishing and Maintaining Healthy Environment. American Psychologist, Velum 47 Number 1.
9. Ratzka, A.D (1989). Independent Living. Community Based Rehabilitation (CBR) NEWS (No.3).
10. UNESCO (1985) Helping Handicapped pupils in Ordinary Schools: Strategies For Teacher Training. Paris: UNESCO Headquarters.
11. Arnold, C. (1988). Community-Based Rehabilitation. A General Introduction and Description of the Bahaktapur Project in Nepal. New York: Rehabilitation International Headquarters.
12. Telford C.W. and Sawrey (1977). The Exceptional Individual: New Jersey. Prentice-Hall.
13. Stahl D.A. (1985). The Situation of Disabled Persons in Ethiopia. (unpublished manuscript). Addis Ababa.
14. Ministry of Education (1988). The situation Special Education in die Peoples Republic of Edliopia, Addis Ababa, Ministry of Education.
15. UNESCO (1981). Meeting of Experts on integration of Severely and Multiply Handicapped persons into General and Vocational Education (final report). Paris: UNESCO Headquarters.
- 16 O'Connor. B.A. (1992). Challenges in Higher Education to Facilitate Increased Independence for people with Disabilities (unpublished manuscript). Brisbane: Queensland University of Technology.
17. UNESCO (1989). Educational Opportunities for Adults Disabled persons. Paris: UNESCO Headquarters.
18. UN (1987). Global Meeting of Experts to Review die Implementation of die World Programme of Action Concerning Disabled Person at die Mid-point of die United Nations Decade of Disabled Persons. Vienna: United Nations Office.
19. UNESCO (1979). UNESCO. Expert Meeting on Special Education (Final Report). Paris UNESCO Headquarters.
20. Commission of die European Communities (1989). Programme for Disabled People: Independent Living. Helios (perodical Magazine, No.3).
21. Rye, H. and Skjorten, M.D (1989). Children with Severe Cerebral Palsy: an Education Guide. (Guide for Special Education No.7). Paris: UNESCO Headquarters.
22. Madler Kevin (1992). Educational Integration. The Essential Toll for die Development of Independence: The perspective of a Student Today (unpublished). Montreal Quebec: Dawson College.

23. Joyce, B., and Weil, M (1986). Models of Teaching. In O'Connor, BA. (1992), Challenges in Higher Education to Facilitate Increased Independence for People with Disabilities (unpublished manuscript). Brisbane: Queensland University of Technology.
24. Garwood, S.G. (1983). Educating Young Handicapped Children: A Developmental Approach. London: An Aspen Publication.
25. Mittler, P. (1974). The Psychological Assessment of Mental and Physical Handicaps. London: Tavistock publications.